## **Attorney Trust Account Notification**

Business Address  City State Zip Code  Name of Financial Institution  Business Address  City State Zip Code  Name of Account	Name of Attorney			Attorney Number	
City State Zip Code  Business Address  City State Zip Code  Name of Account  Account Number  Type of Account:  Trust Guardian Escrow Estate Other (Please Describe)  The undersigned hereby certifies that he/she is an attorney licensed to practice law in the State of Indiana and that the information indicated above provided to his/her financial institution is accurate. This information is provided to permit the financial institution to report all overdraf or insufficient funds occurrences to the Indiana Supreme Court Disciplinary Commission pursuant to Indiana Admission and Discipline Rule 23, Section 29.	Name of Law Firm				
Name of Financial Institution  Business Address  City State Zip Code  Name of Account  New Existing  Account Number  Type of Account:  Trust Guardian  Escrow Estate  Other (Please Describe)  The undersigned hereby certifies that he/she is an attorney licensed to practice law in the State of Indiana and that the information indicated above provided to his/her financial institution is accurate. This information is provided to permit the financial institution or insufficient funds occurrences to the Indiana Supreme Court Disciplinary Commission pursuant to Indiana Admission and Discipline Rule 23, Section 29.	Business Address				
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EscrowEstateOther(Please Describe)  The undersigned hereby certifies that he/she is an attorney licensed to practice law in the State of Indiana and that the information indicated above provided to his/her financial institution is accurate. This information is provided to permit the financial institution to report all overdraf or insufficient funds occurrences to the Indiana Supreme Court Disciplinary Commission pursuant to Indiana Admission and Discipline Rule 23, Section 29.	Type of Account:				
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Date:	State of Indiana and is accurate. This info or insufficient fund	that the information is provided occurrences	ation indicated rided to permit to the Indian	above provided to hi the financial institut a Supreme Court I	is/her financial institution ion to report all overdraft
Signature	Date:		Sionat	ure	